

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	AUS920010440US1 (9000/43)
Application Number	09/915,439
Filing Date	JULY 26, 2001
First Named Inventor	RABINDRANATH DUTTA
Group Art Unit	3692
Examiner	DASS, H. T.

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input checked="" type="checkbox"/> Appeal Brief
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Extension of Time Request (duplic)	<input type="checkbox"/> Change of Correspondence	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Executed Declaration	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>09-0447</u> . A duplicate copy of this sheet is enclosed.		
<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. <u>09-0447</u> . A duplicate copy of this sheet is enclosed.		

## CALCULATION OF FEE

	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$25=	0		x \$50=	
Indep.		Minus			x \$105=	0		x \$210=	
First Presentation of Multiple Dep. Claim					+ \$185=	---		+ \$370=	
					total add'l fee	\$ 0		total add'l fee	\$ 0

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 Cardinal Law Group 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature	/FRANK C. NICHOLAS/	Date:	MARCH 27, 2008

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted electronically to the U.S. Patent and Trademark Office on this date:			MARCH 27, 2008
Signature	/FRANK C. NICHOLAS/ FRANK C. NICHOLAS (33,983)	Date:	MARCH 27, 2008